

GOVERNMENT OF THE DISTRICT OF COLUMBIA
VOLUNTEER SERVICE AGREEMENT

This agreement must be completed and approved before accepting the services of a volunteer. Volunteer services are authorized under D.C. Law 2-12 and regulations contained in Part I of Chapter 35 of the District Personnel Manual.

UNDER THIS AGREEMENT _____ WILL PROVIDE THE FOLLOWING
SERVICE: **Civil Air Patrol mission support** (name of Volunteer)

VOLUNTEER'S SOCIAL SECURITY ACCOUNT NUMBER: _____

SUPERVISOR: **CAP National Capital Wing commander**
TEL. NO.: **(202) 767-4405**

DUTY LOCATION: **200 McChord St., Suite 111, Bolling AFB, DC 20032**

WORK SCHEDULE

DECLARATION OF VOLUNTEER

I hereby agree to donate my service to the D.C. government in performing the duties described above. I understand that I will not be compensated for my services and that I am not entitled to other monetary benefits in connection with my volunteer work. I am, however, considered to be an employee for purposes of benefits under the District of Columbia Disability Compensation Program in the event of a job-related illness or injury.

I will accept my instructions from the supervisor named above. I understand that my work assignment is limited to the duties described in this agreement unless otherwise authorized by my supervisor. I will keep my supervisor informed of my progress and will notify him or her if I am unable to report as scheduled or if I decide to terminate this agreement.

As a volunteer member of the D.C. government work force, I will not engage in any form of political activity during the hours I render service for the D.C. government.

I understand that this agreement may be terminated at any time by the D.C. government.

Signature: _____

In case of emergency notify _____ Relationship _____

Volunteer service accepted by: _____

Signature _____

Title _____

Department or Agency: _____ Date: _____ 200

Address: _____ Tel. No.: _____